

10/522,452 #7
Rec'd PCT/PTO 09 JUN 2005

PATENT

Attorney's Docket No. 788-20 PCT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☒ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND APPARATUS FOR SCANNING CONFOCAL ACOUSTIC DIAGNOSTIC
FOR BONE QUALITY

REC'D PCT/PTO 09 JUN 2025

the specification of which: (complete (a), (b) or (c))

(a) ☐ is attached hereto.

(b) ☒ was filed on January 20, 2005 as ☐ Serial No. 0 /
____ or ☒ Express Mail No. EV 505019648 US, as Serial
No. not yet known
_____ and was amended on _____
(if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

(c) **X** was described and claimed in PCT International Application No. PCT/US02/06141 filed on February 28, 2002 and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. 1.98.

10/522,452

PRIORITY CLAIM (35 U.S.C. §119) (a) - (d)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a) - (d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
PCT	PCT/US02/06141	28 February 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

60/271,957

_____ / _____

FILING DATE

February 28, 2001

10/522,452
Rec'd PCT/PTO 09 JUN 2005

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby revoke all previous Powers of Attorney given in the above-identified application.

I/we hereby appoint the practitioners associated with Customer Number 28249 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to the address associated with Customer No. 28249.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

DILWORTH & BARRESE, LLP
333 Earle Ovington Boulevard
Uniondale, New York 11553

(516) 228-8484

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor QIN, Yixian

1-00
Inventor's signature [Signature]

Date 2-1-05 Country of Citizenship U.S.A.

Residence 7 Carolyn Road, Port Jefferson Station, New York 11776

Post Office Address SAME AS ABOVE NY

Full name of second joint inventor, if any RUBIN, Clinton

2-00
Inventor's signature [Signature]

Date 2-1-2005 Country of Citizenship U.S.A.

Residence 108 Bleeker Street, Port Jefferson, NY 11777 NY

Post Office Address SAME AS ABOVE

3-00
Full name of third joint inventor, if any LIN, Wei

Inventor's signature [Signature]

Date 2/1/2005 Country of Citizenship U.S.A China WL 2/1/2005

Residence 566 Chapin Complex, Stony Brook, New York 11790

Post Office Address SAME AS ABOVE

645 Belle Terre Rd, Apt 17

Port Jefferson, NY 11777 NY WL 2/1/2005

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- ☐ Signature for subsequent joint inventors.
Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor.
Number of pages added _____.
- ☐ Signature for inventor who refuses to sign or cannot be
reached by person authorized under 37 C.F.R. §1.47.
Number of pages added _____.

- ☐ Added pages to combined declaration and power of attorney for
divisional, continuation, or continuation-in-part (CIP)
application.
Number of pages added _____.

- ☐ Authorization of attorney(s) to accept and follow
instructions from representative.

If no further pages form a part of this Declaration then end
this Declaration with this page and check the following item.

☒ This declaration ends with this page.